## DECLARATION FOR PATENT APPLICATION AND APPOINTMENT OF ATTORNEY

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention (Design, if applicable) entitled:

## IMPROVED HANDSFREE APPARATUS

March 12, 200

the s	specification of which (check one):	_					
Appl	is attached hereto, or slication Number:	⊔ w	as filed on:		as U.S. Application Numb	per or PCT In	nternational
I her amer of Fe	and (if applicable) or reby state that I have reviewed and indment(s) referred to above. I acknowledge I acknowled	l underst knowled by clain l below a	and the contents of the abo ge the duty to disclose info in foreign priority benefits and and have also identified bel	ormation which under Title 35.	is material to patentability as United States Code \( \pi 119 \) of	defined in 7	Title 37, Code
			PRIOR FOREIGN APPLICATION(S)			PRIORITY	Y CLAIMED
	Number		Country	1	Day/Month/Year Filed	Yes	No
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		☐ Aaaı	tional Priority Application	(s) Listed on re	ollowing Page(s)		
U O	HEREBY CLAIM THE BENEF	IT UNDER	TITLE 35 U.S. CODE =119	(E) OF ANY U.S	5. PROVISIONAL APPLICATIONS LIS	STED BELOW.	
M	Application	Numbe	er	Day/Month/Year Filed			
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mot of the Mai	disclosed in that/those prior applica duty to disclose information which ilable between the filing date of the	States of ation(s) i h is mat	America listed below and in the manner provided by the terial to patentability as de-	, insofar as the the first paragra efined in <i>Title</i>	aph of Title 35, United States ( 37, Code of Federal Regulat	claims of this $Code$ , $\Box 112$ , tions. $\Box 1.56$	s application I acknowled:
	Application Number		Filing Date		Status - Patented, Penc		ndoned
· [			<u> </u>				
<u> </u>		☐ Addi	itional US/PCT Priority Ap	plication(s) lis	ted on Following Page(s)		
pun	I hereby declare that all state believed to be true; and further that hishable by fine or imprisonment, o pardize the validity of the application	at these or both, u	statements were made wit ander section 1001 of title	th the knowled		ts and the lil	ke so made a
this	POWER OF ATTORNEY: s application and transact all busine				h full powers of substitution a therewith:	and revocation	on, to prosect
T/ via	<del>-</del>		Reg.: 37,4	<b>ひつさつ</b>	n Pacific PTO		
rega	e) authorize my(our) attorneys to according any matter related to the pre- isional based thereon, and any pate	eparation	n, examination, grant and n	naintenance of	this application, any continua	tion, continu ion in writing	ation-in-part g.
Sen	nd correspondence to 1050 oa Arcadia		e-Lane 137	Telephone Call	s to: 626-5719812		
Fr	FULL NAME OF FIRST OR SOLE INVENTOR			CITIZENSHIP			
F	Jack OU RESIDENCE ADDRESS				Taiwan, R.O.C.		
``	3F1., No. 12, Lane	47.F	u-Kang St.,	POST OFFICE ADDRESS IS THE SAME AS RESIDENCE ADDRESS UNLESS OTHERWISE SHOWN BELOW			
N	Nan-Kang District,		· · · · · · · · · · · · · · · · · · ·	R.O.C.	,		
-	DATE						

☐ See following page(s) for additional joint inventors.



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Inde	penden	it Inv	entor

## VERIFIED STATEMENT (DECLARATION) BY AN INDEPENDENT INVENTOR CLAIMING SMALL ENTITY STATUS UNDER 37 CFR 1.9(F) AND 1.27(b)

Applicant or Patentee: Jack OU	Docket #:
Serial or Patent Number:	Group Art Unit:
Filed or Issued:	Examiner:
Title: IMPROVED HANDSFREE APPARATUS	
As a below named inventor, I hereby declare that I qualify as an indereduced fees to the Patent and Trademark Office with regard to the main The specification filed herewith, with the title as listed above.  The patent application identified above.  The PCT international patent application identified above.  The patent number identified above.	atter described in:
I have not assigned, granted, conveyed or licensed and am under no or rights in the invention to any person who could not be classified as an invention, or to any concern which would not qualify as a small busine $CFR$ 1.9(e).	independent inventor under 37 CFR 1.9(c) if that person had made the
Each person, concern or organization to which I have assigned, grante law to assign, grant, convey or license any rights in the invention is listed as a no such person, concern or organization.  ———————————————————————————————————	sted below:  te: Separate verified statements are required from each named person
FULL NAME:	
4 Approprie	☐ Small Business Concern
្រី Address: fil	☐ NonProfit Organization
F	
FULL NAME:	☐ Individual
ADDRESS:	☐ Small Business Concern
# #	□ NonProfit Organization
□ See attached sheet for additional p	person(s) concern(s) or organization(s).
I acknowledge the duty to file, in this application or patent, notification status prior to paying, or at the time of paying, the earliest of the issu small entity is no longer appropriate (37 CFR 1.28(b)).  I hereby declare that all statements made herein of my own knowledge believed to be true; and further that these statements were made with	of any change in status resulting in loss of entitlement to small entity the fee or any maintenance fee due after the date on which status as a set true and that all statements made on information and belief are the knowledge that willful false statements and the like so made are
punishable by fine, or imprisonment, or both, under section 1001 of Tit may jeopardize the validity of the application, any patent issuing there	le 18 of the United States Code, and that such willful false statements on, or any patent to which the verified statement is directed.
INVENTOR'S NAME DATE	/ Signature

Inventor's Name	Date	/ Signapure
JACK OU	March 12, 200%	br how
Inventor's Name	DATE	U SIGNATURE
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INVENTOR'S NAME	DATE	SIGNATURE
Inventor's Name	Date	SIGNATURE